

## Foster Family Home - Corrective Action Report

Provider ID: 1-562612

Home Name: Lovelle Layugan-Flores, CNA

Review ID: 1-562612-7

98-530 Kaamilo Street

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 5/23/2019

Foster Family Home

Required Certificate

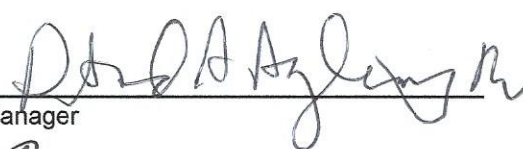
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 5/23/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

5/23/19  
Date

  
Primary Care Giver

5/23/19  
Date